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NO SHOW POLICY

In an effort to address this problem from occurring and continue to meet the needs of our patients, we have developed the following "NO SHOW POLICY":

Unless there is an unforeseen emergency, we request at least 48 hours advance notice when canceling your appointment.

There is a **\$25 fee for appointments cancelled with less than 24 hours notice** to cover administrative expenses.

Patients who have a history of repeatedly not showing may be subject to dismissal for "non-compliance".

We believe this policy will result in improved patient care, and we appreciate your understanding in this matter.

Name: _____

Date: _____